

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33460

State File No. _____

8234

FILED SEP 25 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 1 YR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1461 GOODFELLOW				d. STREET ADDRESS (If rural, give location) 1461 GOODFELLOW			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) _____		c. (Last) STEWART		4. DATE OF DEATH (Month) (Day) (Year) 8 29 52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH 1-24-1886		9. AGE (In years last birthday) 66 If under 1 year: Months _____ Days _____ If under 24 hours: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER		10b. KIND OF BUSINESS OR INDUSTRY PLUMBING		11. BIRTHPLACE (City and State or Foreign Country) SCOTLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME ALEXANDER-STEWART		13b. MOTHER'S MAIDEN NAME JANE-R-ORAM		14. NAME OF HUSBAND OR WIFE CHARLOTTE-STEWART			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT-STEWART-7406 RICHMOND-PL			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of chest, self. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) inflamed at his home at 1461 DUE TO (c) Goodfellow on Aug. 29, 1952 Suicide II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E976X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:23 p.m. , from the causes and on the date stated above.							
22a. SIGNATURE John E. Smith (Degree or title) 3				23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 9/24/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL IL		24b. DATE 9-3-52		24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES-CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO	
DATE REC'D BY LOCAL OFFICE SEP 2 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH-7456 MANCHESTER MAPLEWOOD			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J.P. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.